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ABSTRACT

As a first step in determining the effectiveness of programs for children and families, the Rhode Island Council of Community Services made an overall study of the number and type of children in child placement services. The Council based its report on the characteristics of 420 randomly-selected children of which 211 were in foster home; 214 in institutions and six in group home care. Included are a definition of child placement and trends, and a description of agencies which provide child placement services. The thirteen reccmmendations made by the Council comprise four-fifths of the report. The recommendations include developing services that are ancillary and long-term, upgrading diagnostic procedures, establishing group homes under a variety of auspices for a variety of clientele, increasing and diversifying residential care for the emoticnally disturbed, updating and revising state laws, more aggressively seeking the release of children whose parents are not fulfilling their children's needs adequately, subsidizing the adoption process with state funds, centralizing adoption files, centralizing and systematizing procedures for data collection and evaluation, and appointing a committee to ensure implementation of the foregoing recommendations. The report concludes with an appendix on Child Placement Survey Proposals. (WY)

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REPORT OF CHILD PLACEMENT STUDY COMMITTEE

JANUARY 1969

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Approved by the RICCS Board of Directors
February 20, 1969

Rhode Island Council of Community Services, Inc.
333 Grotto Avenue
Providence, Rhode Island 02906

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CHAPTER I

INTRODUCTION AND PURPOSE OF STUDY

Introduction

Concern has been expressed by several child placement agencies about the need for a comprehensive plan for meeting child placement needs of the people in the State of Rhode Island. The Council has undertaken and completed several studies under the Family and Children's Division in recent years which pertain to child placement services. However, an overall survey of all child placement services to determine if present programs meet the changing needs of Rhode Island children and their families has not previously been undertaken.

Questions have been concerned around how many children are in care, are they being returned as promptly as possible to their own homes, are there enough and the right kinds of child placement resources in order to do the best job, and finally is there an effective partnership between the public and voluntary agencies?

As a first step in answering some of these questions, the Department of Social Welfare requested the Council to undertake a survey of the characteristics of the children in care on a given day, as a basis for assessing the entire system of service to children who are placed away from their own homes.

Purpose of Study

A. to undertake a survey of the number and type of children in placement under the supervision of an agency on a specific date, except those whose primary reason for placement is the treatment of some type of physical or behavioral problem.

B. to evaluate the suitability of the present placement of the children and to ascertain agency policy for admission

C. to examine trends in births, court commitments for neglect and dependency, and illegitimacy in order to determine if present number of placements will be adequate in the future

D. to identify if further study in a particular area of child welfare services is indicated.

Method

A random sample of all children in child placement on January 1, 1968 was made. Four hundred and twenty children were in this sample of which two hundred were in foster home care, two hundred and fourteen in institutional care and six in group home care.

An impartial casework authority, John E. McManus, Director, Massachusetts Divison of Child Guardianship, read the records of a subsample of 100 children in order to ascertain if the child was in the proper placement.

This information was then included in a Background Document for the use of the lay citizen study committee in developing their recommendations. This background document also included a brief description of each child placement agency which is included in this report in Chapter III.

CHAPTER II

DEFINITION OF CHILD PLACEMENT AND TRENDS

A Preamble

Placement of a child outside his own home should be done only as a last measure. The Committee strongly urges that a network of services for children in their own home be developed so that the child can remain within a familar setting and with his own family whenever feasible. Therefore, services should be available for any Rhode Island child who may need them. These ancillary services include among others homemaker service, casework services to children in their own homes, and the availability of emergency parents.

This study indicates that there is a severe shortage of resources for Rhode Island children. The committee was of the opinion that the agency staffs were doing an excellent job within the limited resources available to them but recommends more resources be made available to them for particular purposes. This means that the Rhode Island community must be willing to assume greater financial commitments so that a more effective network of services can be realized. The voluntary agencies can do more, particularly in the area of experimenting with new concepts and techniques and by specializing with children of certain difficulties, ages, etc. However, because of the scope and urgency of the job to be done, the bulk of financial resources must come from the state which presently is responsible for over seventy-five percent of all children in placement. The Rhode Island community must become concerned for their children and committed to offering them a comprehensive program which will enable them to grow to be mature and healthy, both physically and emotionally.

Implementation of this study will cost money but are not the youth our most valuable national resource?

A. Definitions

By child placement we mean that an agency is physically caring for a child outside his own home. The parent has either voluntarily surrendered his responsibility for caring for the child due to death, illness, a financial inability, or has been found by the court to be incapable of handling parental responsibilities.

Child placement services are not the only services provided by the agencies for children. The mental health agencies, family service agencies, as well as the public agencies offer services to children and families in their own homes. These services include casework services, homemaker services and day care. These are preventive services for the child should only be removed from his own home as a last measure.

An adequate child welfare network would involve a flexibility of resources to meet the needs of the individual child. A recent study of the Boston child placement agencies[1] found that the agencies could not serve the number of requests they receive due to shortages of physical placement resources and staff as well as a lack of auxiliary services to meet the total range of problems and needs. Ryan and Morris found that referrals were coming to the child placement network too late in order to properly diagnose the problem and that the agency was found to act in a crisis situation. They also found a great need for homemaker service, day care services, group home and residential treatment care.

There are three types of care listed under child placement according to the Child Welfare League of America, Inc. These are foster family care, institutional care, and group home care.

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[1] William Ryan and Laura B. Morris, Child Welfare Problems and Potentials Monograph III (Massachusetts Committee on Children and Youth: Boston, 1967) p. 83.

They are defined as follows:

a. Foster Family Care

"Foster family care is the child welfare service which provides substitute family care for a planned period for a child when his own family cannot care for him for a temporary or extended period, and when adoption is neither desirable nor possible."[2] Foster family care is appropriate for a child under age six and is the placement choice for older children who can accept family ties, behavior is acceptable to community norms and who can use community schools. Institutional and foster family care are not substitutes for casework service to family and children in their own home or other community services such as homemaker or day care services which help to keep the child in his own home. Thus, institutional and foster family care should only be used when it is in the best interest of the child and his family that he be removed. Children's Friend and Service, Rhode Island Child Welfare Services, St. Mary's and Jewish Family and Child Service provide foster home care in this state.

b. Institutional Care

1. Purpose

"The purpose of institutional care as a child welfare service should be to provide group care and treatment for children whose needs cannot at the time be adequately met in a family; and to offer opportunities for a variety of experiences, through a group living program and specialized services, that can be selectively used, in accordance with an individualized plan for each child:

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[2] Child Welfare League of America Standards for Foster Family Care Services, Child Welfare League of America, New York, 1959, p. 5.

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to foster normal maturation
to correct or modify the effect of previous unsatisfactory experiences
to ameliorate social and emotional problems interfering with the child's personality development and functioning.3"

Children's Friend and Service, Children's Home of Newport, the Diocesan Bureau of Social Services, Jewish Family and Children's Service, Rhode Island Child Welfare Services, and St. Mary's Home provide institutional care in Rhode Island.

c. Group Home Care

Group home care is an alternative to providing institutional care to a large number of children in one physical setting. Selected children, normally four to six children per group home, who can adjust to normal community conditions but who cannot return to their own homes, reside in a residence within the community under the immediate supervision of a houseparent and auxiliary services being provided by the parent institution. The group home is seen as being halfway between the institution and the foster home. Group home care is seen as particularly appropriate for teenagers. In Rhode Island, there are three group homes. St. Martha's in North Providence is operated by the Episcopal Diocese for high school-age girls. The Junior League of Rhode Island has funded a group home in Providence for four girls at Rhode Island Child Welfare Services for a two year demonstration period. Opportunities Inc, is operating Washington Oaks in Foster for their boys age 13 to 14 who are referred by Family Court.

B. Trends in Illegitimate Births and Demands for Service

It is logical to ask "Is the demand for child placement service increasing, remaining the same or deminishing?" The answer - is unequivocally "yes - it is increasing."

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3 Child Welfare League of America Standards for Services of Child Welfare Institutions, Child Welfare League of America, New York, 1964.

A review of the Rhode Island Child Welfare Services annual reports show that 2,719 children were served by that agency in 1960, 2,954 in 1961, 3,251 in 1962, 4,072 in 1963, 5,475 in 1964, 5,729 in 1965, and 6,076 in 1966.[4]

During this same period of time the illegitimate birth rate in Rhode Island has gone from 416 in 1960 to 788 births recorded out-of-wedlock in 1966.[5]

Illegitimacy is only one reason why a child would enter the child placement network - another reason is desertion or divorce. Nationally, the divorce rate has risen from 9.2 per 1,000 married females in 1960 to 10.0 in 1964.[6]

These national trends are reflected in Rhode Island in the caselodd of the Family Court. The following is cited from the Fifth Annual Report of the Family Court - January 1, 1966 - December 31, 1966 where Chief Judge Francis J. McCabe writes:

> "The caseload of our Court has increased greatly - the workload of the judges, both on circuit and in Providence, is almost at the saturation point.

	1965	1966
PETITIONS FILED.....	3126	3325
PETITIONS HEARD AND DECISIONS...	1380	1646
CASES DISCONTINUED.....	412	503
MOTIONS HEARD.....	3802	5748
MISCELLANEOUS PETITIONS.....	420	378
RECIPROCAL ACTIONS.....	3261	3865
JUVENILE SECTION.....	5769	6559

> The day is not far distant when the wisdom of many of the legislators will finally be heeded. The facilities available for the rehabilitation of our youthful offenders are practically non-existent. The very act which brought this Court into existence is Chapter 73, Section 8-10-18 Youth Correctional Center, but even that facility, unless it is properly staffed, cannot accomplish the desired results. The fact that youthful boys and girls who appear in our juvenile division can be saved and guided toward a life that will be productive to themselves and society

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4 Fact Sheet prepared by Anthony E. Ricci, October 7, 1966 ("Rhode Island Department of Social Welfare Services: Program Developments - Staff Developments - Expenditures - 1960-66").

5 Department of Vital Statistics 1966 Report, Rhode Island Department of Health, p. 59.

6 U.S. Bureau of the Census, Statistical Abstract of the United States, 1967 (88th edition), Washington, D.C., 1967. Table No. 72 p. 62.

must and should be faced. Too long have we stuck our heads in the sand, not caring to heed, or to correct, or to aid the youthful offender.

No person of intelligence could day in and day out see the pathetic misunderstood, unguided and, yes, many times unwanted children who appear in the juvenile division of the Court without becoming aware that little is being done to aid these very children who are our basic society of tomorrow. We can spend millions on many things, but we can't understand why there is no haste in procuring facilities, doctors, psychiatrists, psychologists and others who could give sufficient therapy for our troubled youth. Given proper treatment these children could become useful members of society. They could be rehabilitated for the most part if we would face up to the very problem at hand. These are our children.

The legislature has provided the law - the citizens have approved a bond issue for rehabilitation facilities; it now rests with the proper authorities to set up these rehabilitation facilities. Time is essential - it grows shorter each day, and the problem of juveniles becomes more acute - we can't afford to ignore it any longer."[7]

Judge McCabe is referring to the need for a Youth Correctional Center to act as an intermediate facility between the Training Schools and the Adult Correctional Institutions.

The legislature, in establishing the Family Court, also ordered that a diagnostic facility for children waiting Family Court action be built. This facility, which will house eighteen boys and six girls, is being built in Cranston and is scheduled for completion in mid-1969. The children referred to the diagnostic center will stay there a maximum of thirty days while a proper intake evaluation is conducted on each youth.

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[7] Judge Francis J. McCabe, Legislative Report of the Family Court of the State of Rhode Island, Fifth Annual Report, January 1, 1966 - December 31, 1966, (Providence, Oxford Press, 1967), p. 4.

CHAPTER III

AGENCIES PROVIDING CHILD PLACEMENT SERVICES IN RHODE ISLAND

Each agency that is presently providing child placement care in Rhode Island as defined by this survey was asked to provide a description of the service they offer.

A. Children's Friend and Service

Children's Friend and Service is a voluntary agency supported by the United Fund. The agency provides emergency shelter care for children who because of a crisis in the family have to be removed from their own home. This service is provided in Lakeside, an institution of 41 beds in Warwick and in foster family homes.

The agency also provides adoption placement and foster family boarding care for a few children with special physical or emotional problems. Children's Friend and Service has a capacity for 153 children in foster family care. The Rhode Island Department of Social Welfare purchases placement services from the agency for some children in protective service care. It is anticipated that Children's Friend and Service will transfer shelter care to the State on July 1, 1969. The agency will then use Lakeside as a residential treatment center for emotionally disturbed children as recommended by a Council study.[8]

The agency has two case aides, three part-time and 14 full-time caseworkers, 4 full-time casework supervisors, 1 full-time senior supervisor, 1 full-time administrator. Presently the agency has 2 full-time casework positions vacant.

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[8] Survey of the Most Urgent Unmet Needs in the Child Welfare Field Appropriate for Children's Friend and Service, December, 1967.

The reasons for discharge of all children from Children's Friend and Service in 1966 were:

Reason	Number Discharged
Adoption	84
Returned to Parent	393
Returned to Relative	10
Transferred to Other Institution or Agency	13
Deceased	2
Total Discharged	502

B. Children's Home of Newport

Children's Home of Newport is a voluntary agency supported by the United Fund. The agency provides temporary emergency shelter for children residing in Newport County who are under age twelve but over age three in an institution with a licensed capacity of 26 and in foster homes with a licensed capacity of three. The Rhode Island Department of Social Welfare purchases services from the agency. The agency served 174 children in 1966 of which 156 were returned to their parents and 18 transferred to another agency or institution. There is a full-time professional staff of three.

The agency will be transfering emergency shelter care to the State on January 1, 1969. The agency will then establish a day care center and expand the foster family home care program, as recommended by the January, 1968 Council study.[9] The agency is also planning on establishing a group home in Newport County in the near future. This need was also seen documented in the above mentioned study.

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9 Survey of the Most Urgent Unmet Needs in the Child Welfare Field Appropriate for Children's Home of Newport, January, 1968.

C. Child Welfare Services of Rhode Island

Child Welfare Services is the public agency responsible for dependent and neglected children who need child placement for an indefinite period. The agency initiates this service either after an award of custody by the Family Court or by voluntary agreement with the parents. The Court gives the agency custody for children found neglected and dependent - CWS may place these children in whatever placement facility is most suitable for the child. Children found wayward or delinquent by the Family Court are committed to a facility, normally the training school. Wayward or delinquent children are not within the scope of this survey.

Child Welfare Service operates the O'Rourke Children's Center which has a comfortable institution capacity for 170 children. CWS also purchases institutional care from other agencies for 139 children. The agency has 1,059 children in foster family homes, 229 children in relative homes, and four girls in group home care.

The reasons for discharge of all children during 1966 are as follows:

Reasons	Number Discharged
Deceased	2
To other institution or agency	4
Became self-supporting	8
Returned to relative	11
In armed services	12
Adoption	17
Married	27
Of age	32
Returned to Parent	87
Investigation service completed	1,083
Service no longer needed	1,508
Total Discharged	2,791

The agency has 66 full-time caseworkers, 10 full-time casework supervisors, and 8 administrative positions. There are 3 casework positions and 2 casework supervisor positions vacant.

D. Diocesan Bureau of Social Services

The Diocesan Bureau of Social Services is a voluntary agency supported by the Catholic Charity Fund. The agency operates three institutions which have a total licensed capacity of 250 children. Children awaiting adoption are placed in St. Vincent's Home (50 children capacity). Children who are suffering from some degree of emotional disturbance or whose parents are either dead, deserted or suffering from an emotional problem are placed in St. Aloysius or St. Francis Homes (capacity of 200). The agency does not serve children of working mothers, children in need of long term placement, children of physically ill mothers (where homemaker service is a more appropriate service than placement of the child).

The agency has 10 full-time casework positions, 1 part-time and 2 full-time casework supervisor positions. There are no vacancies at present.

The reason for discharge of all children in 1966 is as follows:

Reasons	Number Discharged
Adoption	100
Returned to Parent	137
Returned to Relative	44
Transferred to Other Institution or Agency	22
Deceased	1
Total Discharged	304

E. Jewish Family and Children's Service

Jewish Family and Children's Service is a voluntary agency supported by the United Fund to meet the best interest of the child and to maintain healthy family structure for Jewish families and individuals. The agency meets this need by placing children in foster family home care and purchasing institutional care. Seven children were discharged during 1966, all to adoptive homes. There is a full-time staff of two caseworkers and one administrator. There is one part-time caseworker. The agency has two full-time staff vacancies.

F. Opportunities Incorporated

Opportunities Incorporated is a non-profit organization assisting ex-offenders of the law in securing employment, housing, and financial assistance. The agency operates Washington Oaks which is a group home for boys from 13 to 16 who are referred by the Family Court for maladoptive adjustment pattern as evidenced by truancy, petty larcency or other deviant behavior.

The group home, which is located in Foster, has a capacity of eight boys, is supported by a two year grant from the Law Enforcement Assistance Act through the Federal Justice Department. If the project proves to be successful, Opportunities Incorporated would like to establish four or five additional group homes throughout the State. However, the agency had difficulty in establishing the group home and is experiencing difficulty in operating it.

Washington Oaks had three boys in care during 1966. There is one full-time position an administrator. There were no staff vacancies in 1966.

However, the staff has since been augmented and now consists of an administrator, casework and a pair of houseparents. There are now eight boys at Washington Oaks.

G. St. Mary's Home

St. Mary's Home is a voluntary agency supported by the Episcopal Charities Fund. The agency maintains an institution for boys grades one through eight, and for girls grades one through eight, and a group home (St. Martha's) is provided for girls who are in junior and senior high school. Foster family care is provided for younger children. The Rhode Island Department of Social Welfare purchases service from the agency. In order to be accepted for service the child must want to come and have average or better intelligence, ability to attend community schools, and parents must cooperate with the agency. During 1966, 22 children were discharged from the agency. Seven children were discharged to adoptive homes, six returned to parents, one became self-supporting, and eight were transferred to other agencies or institutions.

There is a staff of two full-time and three part-time caseworkers. The position of casework supervisor is vacant.

RECOMMENDATION I

A VARIETY OF ANCILLARY SERVICES SUCH AS HOMEMAKER SERVICE AND EMERGENCY PARENTS, SHOULD BE AVAILABLE IN EVERY COMMUNITY WHEN NEEDED BY THE CHILD WELFARE NETWORK SO THAT AS FEW CHILDREN AS POSSIBLE WILL NEED TO BE PLACED OUTSIDE THEIR OWN HOMES.

This recommendation was made number one due to the conviction of the Study Committee that children should remain in their homes and that they be placed outside their own homes only when it is inappropriate that they remain at home.

Table 1 indicates that eighty-seven of the four hundred and twenty children in child placement were placed primarily due to illness or disability of the primary caretaker. These children could remain in their own home if homemaker services were made available to them. It is definitely a traumatic experience for a child to be placed outside his own home and it is expensive not in dollars and cents - (institutional care is costly.) A recent study of Boston Child Placement Resources has also indicated that in the greater Boston metropolitan area there is a great need for homemaker services of several types including around-the-clock service as an alternative to emergency care.[10]

The Social Security Amendments of 1967 include provisions for the Department of Social Welfare to provide homemaker services for AFDC recipients. The Department should take advantage of these provisions thus enabling some children to remain home. Since most of the children in child placement are in the care of Child Welfare Services, Table I can be viewed as an intake of Child Welfare Services. By implementing the homemaker provision of the Social Security Amendments, most of these eighty-seven

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10 Child Welfare Problems and Potentials, p. 94.

TABLE I

SOURCE OF PRESENT REFERRAL TO THE CURRENT AGENCY BY MAJOR PRECIPITATING REASON FOR CHILD NEEDING PLACEMENT

Source of Referral	Foster Home							Grand Total	Percent
	Neglect or Abandonment	Parental Abuse Exploitation	Desertion or Divorce	Illegitimate Birth	Illness or Disability	Death of Parent	Child Behavior		
Child Welfare Services	6	0	0	2	0	0	0	8	4.0
Children's Friend & Service	31	3	4	0	11	1	1	51	25.5
Diocesan Bureau of Social Service	3	0	1	4	1	5	0	14	7.0
St. Mary's Home	0	0	0	0	1	0	0	1	0.5
Sophia Little Home	0	0	0	2	0	0	0	2	1.0
Department of Social Welfare (PA)	15	2	0	1	5	3	0	26	13.0
Department of Social Welfare	1	0	0	0	1	0	0	2	1.0
School	1	0	0	0	0	1	0	2	1.0
Family	11	1	3	6	8	0	1	30	15.0
Relative	3	0	0	0	5	0	0	8	4.0
Other Professional	0	1	0	19	3	1	0	24	12.0
Court	3	2	1	1	3	0	2	12	6.0
Other	0	0	0	1	0	0	0	1	0.5
Family Service	3	1	0	1	1	0	0	6	3.0
Clergy	0	0	0	2	0	0	0	2	1.0
Police	3	1	1	0	0	0	0	5	2.5
Neighbor/Friend	1	0	0	0	0	0	0	1	0.5
Meeting St. School	0	0	0	1	0	0	0	1	0.5
Hospital	0	0	0	4	0	0	0	4	2.0
TOTAL	81	11	10	44	39	11	4	200	100.0

TABLE [illegible] (Continued)

SOURCE OF PRESENT REFERRAL TO THE CURRENT AGENCY BY MAJOR PRECIPITATING REASON FOR CHILD NEEDING PLACEMENT

Source of Referral	Institution								Grand Total	Percent
	Neglect or Abandonment	Parental Abuse Exploitation	Desertion or Divorce	Inadequate Income	Illegitimate Birth	Illness or Disability	Death of Parent	Child Behavior		
Child Welfare Services	2	1	1	0	1	1	0	1	7	3.2
Children's Friend and Service	14	1	7	1	0	6	0	0	29	13.5
Diocesan Bureau of Social Service	1	0	1	0	0	1	1	0	4	1.9
St. Mary's Home	1	0	0	1	0	0	0	2	4	1.9
Sophia Little Home	0	0	0	0	1	0	0	0	1	0.5
Department of Social Welfare (PA)	9	0	0	0	0	10	0	3	22	10.3
OEO	0	0	0	0	0	0	0	1	1	0.5
School	3	1	0	0	0	0	0	2	6	2.8
Family	4	0	11	0	3	14	0	15	47	22.0
Relative	0	0	0	0	0	1	0	1	2	0.9
Other Professional	1	1	3	0	2	6	0	4	17	7.9
Court	14	1	5	0	0	5	0	24	49	22.9
Other	0	0	1	0	0	1	0	1	3	1.4
Clergy	0	0	0	0	1	0	0	0	1	0.5
Police	3	1	1	0	0	2	0	0	7	3.3
Neighbor/Friend	4	0	0	0	0	1	0	3	8	3.7
Meeting St. School	0	0	0	0	0	0	0	1	1	0.5
Hospital	2	0	0	0	2	0	0	1	5	2.3
TOTAL	58	6	30	2	10	48	1	59	214	100.0

TABLE I (Continued)

SOURCE OF PRESENT REFERRAL TO THE CURRENT AGENCY BY MAJOR PRECIPITATING REASON FOR CHILD NEEDING PLACEMENT

Source of Referral	Group Home					Grand Total	%
	Neglect or Abandonment	Parental Abuse Exploitation	Inadequate Income	Death of Parent	Child Behavior		
Child Welfare Services	1					1	16.7
Family				1		1	16.7
Other Professional		1	1			2	33.3
Court					2	2	33.3
TOTAL	1	1	1	1	2	6	100.0

children in placement for illness or disability of the primary caretaker would not have to be placed by Child Welfare Services.

Casework services to children in their own homes should also be expanded, therefore enabling many of the problems facing these families to be treated early before a crisis forces the child to be placed outside his home.

Day care services should also be expanded. Many of the children referred to the child welfare network are from deprived families. Day care services for some of these families might enable the parents to become more self-sufficient, thus enabling them to be better parents.

A double hardship is placed upon the culturally deprived family who has a child who is not only emotionally handicapped but also physically handicapped. This Committee did not study children whose primary reason for placement is the treatment of some type of physical or behavioral problem. The committee is aware, however, that the above services should be made available to all children and special recognition made for handicapped children.

RECOMMENDATION II

REFERRALS FOR SERVICE SHOULD COME AS EARLY AS POSSIBLE TO THE PUBLIC AND PRIVATE CHILD WELFARE NETWORK AND EARLY AND ACCURATE DIAGNOSES BE COMPLETED ON EACH CASE.

The survey indicated that there are problems regarding referrals to child welfare agencies. In a substantial number of cases the referral was made to the agency when the situation was far advanced. In some instances the pregnant unmarried mother was called to the attention of the agency when she was almost ready to go into labor or even after the birth of the baby. In other situations the case was brought to the agency's attention because of some crisis such as the arrest of the parent. Some families had long lived in unsuitable and unhappy circumstances and their children were probably not receiving adequate care and protection for a number of years, but in these instances community forces such as the police, visiting nurses and other kinds of organizations failed to see the need for child welfare services until the crisis precipitated the referral. At the time of the crisis referral the agency staff is often pressured to move rapidly when they should have time to develop diagnostic information, reflect on causative factors, and work out a sound treatment plan.

Peter S.

Peter who was born last Summer is the 4th child of a 34 year old divorcee. This mother who has 3 children by her marriage has been divorced for over two years, and seems to be having difficulties in adjusting to life without a husband. She described her former husband as alcoholic and abusive. She seems discontented and lonely. Her oldest child is being seen at a mental health clinic. She is receiving AFDC in order to care for her 3 legitimate children. Her relationship with the alledged father seems to have been brief and without real meaning. He is described as a married man with 4 children and a member of the armed forces. Baby Peter, a healthy, normal youngster was placed in an adoptive home after 3 months in a foster home where he had been placed from the hospital. The mother was referred to the children's agency 5 days after the baby's birth and just before leaving the hospital.

This indicates a possible network break-down in communication between public assistance and the child welfare network. The mother should have an opportunity to talk with a child welfare worker during her pregnancy. It would seem that this baby could have been placed directly in an adoptive home from the hospital if a referral had been made a number of months prior to the baby's birth.

The Committee, therefore recommends that the agencies, both public and private, develop a public information program, so that the community is aware of agency services and refer potential clients early before their problem becomes more involved and more difficult to treat. When this public information program is developed it should include the police, schools, hospitals, and personnel offices of the various business and manufacturing firms who can detect problems on a day by day basis and thus make early referrals and eventually the neighborhood welfare centers as they are developed as well as all social welfare agencies both public and voluntary including the model cities and Economic Opportunity Programs. The Information and Referral Service of the Rhode Island Council of Community Services should be used by these groups so that the client is referred to the appropriate agency. The Boston Intake Study has recommended that a three-year pilot joint intake coordinating committee be established to direct referrals as soon as possible to the proper agency. An interesting item in the Boston study is that provision is made for referrals not accepted. Referrals that cannot be serviced by a community agency are referred to United Community Services who records the unmet need and act as a court of last resort.[11]

Not only should referrals come early to the public and private child welfare network but also more careful evaluation of the presenting problems should be made by the intake caseworker.

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[11] Social Services Implementing Committee Report and Recommendations, Ad Hoc Committee on Decentralization for Total Intake of Child Welfare Problems, (United Community Services of Metropolitan Boston, 1968) p. 1.

Table 3 indicates the casereader consultant's opinion of the degree of family disturbance. In contrast to Table 2, the casereader felt that only 6 percent of the families were minimally disturbed versus 15 percent as seen by the caseworker. The casereader consultant and caseworkers agreed upon the number who were moderately disturbed (39 percent case-reader - 38 percent caseworkers.) However, the casereader consultant felt that 55 percent of the families were severely disturbed as compared to 47 percent as seen by the caseworkers. Thus it would seem that the case-workers underestimated the degree of disturbance of families they are trying to help. If a proper diagnosis is not completed promptly on each case and if the worker is not aware of all the ramifications of the disturbances of the client he is trying to assist, it is extremely difficult for the worker to be of the greatest assistance to the family. The Committee therefore recommends that referrals come early to the child welfare net-work and that every effort be made for a prompt and accurate diagnosis of each case. It would seem to be in the best interest of the community that the most experienced and best qualified workers be responsible for intake services.

In implementing this recommendation it seems wise to remain in close contact with the Boston Joint Intake Coordinating Committee which is work-ing on this same problem.

TABLE 2

MAJOR PRECIPITATING REASON FOR CHILD NEEDING PLACEMENT BY CASEWORKER'S EVALUATION OF DEGREE OF FAMILY DISTURBANCE

Major Precipitating Reason	Foster Home			Institution			Group Home	Grand Total					
	Minimal	Moderate	Severe	Minimal	Moderate	Severe	Moderate	Minimal		Moderate		Severe	
neglect/abandonment	3	3	9	0	3	12	0	3	20.0%	6	15.8%	21	44.7%
parental abuse or exploitation	0	0	3	0	2	0	0	0	0.0	2	5.3	3	6.4
desertion/divorce	1	2	0	1	2	3	0	2	13.3	4	10.6	3	6.4
inadequate income	0	0	0	0	0	0	1	0	0.0	1	2.6	0	0.0
illegitimate birth	4	5	2	1	2	1	0	5	33.3	7	18.4	3	6.4
illness/disability	1	3	4	2	4	5	0	3	20.0	7	18.4	9	19.1
death of parent	1	0	0	0	1	0	0	1	6.7	1	2.6	0	0.0
child behavior	0	4	0	1	6	8	0	1	6.7	10	26.3	8	17.0
Totals	10	17	18	5	20	29	1	15	100.0%	38	100.0%	47	100.0%

TABLE 3

MAJOR PRECIPITATING REASONS FOR CHILD NEEDING PLACEMENT BY CASEREADERS EVALUATION OF DEGREE OF FAMILY DISTURBANCE

Major Precipitating Reason	Foster Home			Institution			Group Home	Grand Total				
	Minimal	Moderate	Severe	Minimal	Moderate	Severe	Moderate	Minimal		Moderate		Severe
neglect/abandonment	0	3	12	0	2	13	0	0	0.0%	5	12.8%	25	45.5%
parental abuse or exploitation	0	0	3	0	2	0	0	0	0.0	2	5.1	3	5.4
desertion/divorce	0	2	1	0	2	4	0	0	0.0	4	10.3	5	9.1
inadequate income	0	0	0	0	0	0	1	0	0.0	1	2.6	0	0.0
illegitimate birth	3	6	2	1	1	2	0	4	66.6	7	17.9	4	7.3
illness or disability of a parent	0	4	4	1	4	6	0	1	16.7	8	20.5	10	18.2
death of parent	1	0	0	0	1	0	0	1	16.7	1	2.6	0	0.0
child behavior	0	4	0	0	7	8	0	0	0.0	11	28.2	8	14.5
Totals	4	19	22	2	19	33	1	6	100.0%	39	100.0%	55	100.0%

RECOMMENDATION III

REQUEST FOR EMERGENCY SHELTER CARE SHOULD BE VIEWED NOT ONLY IN TERMS OF THE NEED FOR PHYSICAL SHELTER BUT ALSO IN THE BROADER SENSE, E.G., AN OPPORTUNITY TO REACH THE FAMILY AND OFFER OTHER SERVICES THAT MIGHT BE HELPFUL SO THAT A HEALTHIER PATTERN OF LIVING IS ACHIEVED.

Shelter care will be transferred to the State by the two voluntary agencies presently providing such care within the next year. Responsibility for providing shelter care in Newport County will be transferred to Rhode Island Child Welfare Services on January 1, 1969 from the Children's Home of Newport. It is anticipated that on July 1, 1969 Children's Friend and Service will transfer shelter care to the State. This plan which has been worked out cooperatively between the voluntary agencies and the State, is outlined in the Report of the Task Force Group on Shelter Care, July 1967.[12] The basic concept of this plan is the development of ancillary services in order to avoid or to minimize placement so that a more adequate diagnosis of the presenting problem can be done.

This study supports the concepts developed in the Task Force Group on Shelter Care plan. This study found that requests for shelter care have been acted upon in most instances promptly and with skill, but it appears that services provided are related to meeting the specific request for shelter. With one exception, all of the shelter care in this study reflected a number of other rather serious social problems. It seems undesirable for social agencies to act upon a request for shelter without seeing the request as an opportunity to reach the family on a broader basis and to offer services that might be needed in order that the family might work towards a healthier pattern of living.

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12 Report of the Task Force Group on Shelter Care, R.I. Council of Community Services, July 1967.

Table 4 notes that not one family who was placing a child due to neglect or abandonment needed only minimal rehabilitative services. Most of these families needed intensive help and have been or will be "repeats" to the Child Welfare network. Many of the children involved will eventually end up in some form of long term substitute care. The cases presented illustrate the kinds of problems that face these families. They also illustrate the need for long term supportive professional help in order to help these families achieve a way of life wherein their children may grow up to be useful and happy members of our society. Recognition should be given to using both individual casework and group work methods of counseling.

Tommy L.

Tommy is the second of 6 children born to a young mother within a 6 year period. The situation was brought to the attention of the agency when the father requested temporary placement of Tommy and his siblings because their mother has been admitted to a psychiatric hospital because of an overdose of sleeping pills. Parents have been separated for several months and the mother is receiving AFDC. The father when he came to the office appeared depressed and anxiety ridden. He tearfully spoke of his fear that he might hurt the children. He wept and told the worker that he thinks he too will get sick. He recognized that he is becoming very nervous, he cannot tolerate the children making noise, yet he feels that they are good children. The agency recognized the frustrations of the father and arranged for this young family to be placed in two foster homes and helped father to make arrangements with a sister to take the baby who was born a month before mother's hospitalization. Tommy who is 6 was placed with his older brother in a foster home. He like his siblings was poorly clothed, suffers from a skin allergy and should be wearing orthopedic shoes. The mother remained in the hospital for approximately two months. When she was discharged, she and her husband approached the agency about the return of the children. They indicated that they still had feelings for one another, but decided to continue with their separation. The children were returned home to mother a few days after her release from the hospital.

TABLE 4

MAJOR PRECIPITATING REASON FOR CHILD NEEDING PLACEMENT BY CASEREADER'S EVALUATION OF AMOUNT OF SERVICE NEEDED TO REHABILITATE THE FAMILY

Major Precipitating Reason	Minimal	Moderate	Extensive to Bring About Rehab.	Extensive to Maintain Present Level	Rehab. Not Possible (Family Unavailable)	Rehab. Not Possible (Family Disturbance)	Total
FOSTER HOME:							
neglect/ abandonment	0	1	6	2	1	5	15
parental abuse	0	0	1	1	1	0	3
desertion/ divorce	0	1	1	0	0	1	3
illegitimate birth	3	2	3	1	2	0	11
illness or disability of parent	0	1	1	1	4	1	8
death of parent	0	0	0	0	0	1	1
child behavior	0	0	3	0	0	1	4
Total	3	5	15	5	8	9	45
INSTITUTION:*							
neglect/ abandonment	0	1	2	5	1	6	15
parental abuse	0	1	1	0	0	0	2
desertion/ divorce	0	1	2	3	0	0	6
illegitimate birth	1	1	0	0	1	1	4
illness or disability of parent	1	1	4	2	2	1	11
death of parents	0	0	0	1	0	0	1
child behavior	0	2	5	5	0	3	15
Total	2	7	14	16	4	11	54

* Under Group Home, there was one child needing placement because of inadequate income which the casereader felt could not be rehabilitated because family is unavailable.

The social worker did indicate the agency's willingness to remain involved in general terms. It appeared, however, that there was no referral to the public assistance department or any discussion of the possibility of marital counseling and intensive services to this very confused family. The general feeling of the consultant was that Tommy and his brothers and sisters will again appear on the doorsteps of some social agency in Rhode Island in the very near future. There also appears to be a need for aggressive reaching out to this family to help to develop strengths through services that might enable these parents to re-unite and function as adequate parents. It would seem that the time for intervention of services is now, rather than after the next break-up. Presumably it will be far better to maintain this family than it will be to put it back together again after break-up.

In conclusion the Study Committee strongly urges that the Department of Social Welfare implement fully the Report of the Task Force Group on Shelter Care.

RECOMMENDATION IV

LONG TERM SUPPORTIVE SERVICES SHOULD BE OFFERED BY THE COMMUNITY TO THOSE FAMILIES WHO COULD BENEFIT FROM SUCH.

The families of children in child placement have many problems. Table 5 illustrates the extent of rehabilitation that is necessary in order to help these families become self-sufficient. Only five families needed minimal rehabilitation services and twelve families needed moderate help.

Fifty families needed extensive help to become self-sufficient or even to maintain themselves at their present level.

Families of this complexity cannot become self-sufficient by receiving only custodial care.

TABLE 5

YEARS SPENT IN ALL PLACEMENTS BY
CASEREADER'S EVALUATION OF AMOUNT OF
SERVICE NEEDED TO REHABILITATE THE FAMILY

Years Spent in all Placements	Minimal	Moderate	Extensive (Rehab.)	Extensive Maintain Present Level	Rehab. Not Possible (Family Unavailable)	Rehab. Not Possible (Family Disturbance)	Total	Percent
FOSTER HOME:								
Less than 6 mo.	2	2	3				7	15.5
6-11 mo.	1	1	1		3		6	13.4
1 year		1	2			2	5	11.1
2 years				1		1	2	4.4
3 years						2	2	4.4
4 years			1		3		4	8.9
5 years				2	1		3	6.7
6 years			4	1		1	6	13.4
7 years			1		1		2	4.4
8 years			1			1	2	4.4
9 years				1			1	2.3
10 years			1			1	2	4.4
11 years							0	0.0
12 years							0	0.0
13 years						1	1	2.3
15 or more		1	1				2	4.4
Total	3	5	15	5	3	9	45	100.0
INSTITUTION:*								
Less than 6 mo.	1	4	2	4			11	20.4
6-11 mo.	1	1	3	2		1	8	14.8
1 year			2	1	1		4	7.4
2 years		1	2	4		3	10	18.5
3 years				2	1	1	4	7.4
4 years				1		2	3	5.5
5 years			1	1			2	3.7
6 years							0	0.0
7 years			3			1	4	7.4
8 years		1	1		2	1	5	9.2
9 years							0	0.0
10 years							0	0.0
11 years						1	1	1.9
12 years				1			1	1.9
13 years						1	1	1.9
15 or more							0	0.0
Total	2	7	14	16	4	11	54	100.0

*In Group Home one child has spent 6 years and the casereader feels rehabilitation not possible due to family not being available.

Such families need a great deal of help. The most important element in this help is the constant and continual contact with the child welfare caseworker who not only works with the family but attempts to change the environment which often times is responsible for some of the difficulties being experienced by the family. The L. case with its dramatic and many faceted problems illustrate what can be achieved in a situation where a skilled worker is able to give a considerable amount of time on a regular basis to a family. No one would quarrel with the public agency calling the L. family a hard-core, multi-problem family. The worker, who saw this family weekly, achieved many gains that would seem to indicate that for most of the children, the cycle of poverty and deprivation will be broken in this generation. This case is an exception, since in most situations the public agency was unable to give this kind of time to the large number of families they are attempting to serve. In the overall view an economy is achieved by providing an increased staff because proper help will insure that these children will not be the cases of the future. In this case the worker not only saw the family on a weekly basis but also coordinated the work of the other agencies thus avoiding duplication and enabling all community resources to be brought to bear.

Joan L.

The family first became known to the agency in 1963 when Joan, the oldest child, was referred for truanting from school. At that time the parents were separated and there were 9 children in the home. Since then the mother has had 3 more children. Both parents were born in the South. Mother is 37 and the father is 41. Most of the children are illegitimate. For a number of years the family has been receiving AFDC. At the time of the referral Joan, unhappy at school, seemed to have many masculine traits and there was some feeling on the part of the worker that she was being used by older women. The worker became very involved with the family and developed a close relationship with the mother. Some progress was made to help the eldest daughter to attend school more regularly. The family was helped to move to better housing and some of the younger children were enabled to go to camp. The agency was impressed with the many strengths in this home.

The mother's feelings for her children and the efforts that she made to make the home comfortable not withstanding many serious problems because of the poor quality of the original housing. Some 6 months after the agency became involved, worker was startled to learn that the mother had stabbed a man to death in the presence of the oldest daughter. This former boyfriend apparently attempted to break into the house and had been drinking and attempted to assult mother and daughter. Between friends, neighbors, and the older children, this family was maintained until the mothers landlord put up her bail.

The mother's trial resulted in her receiving probation for an extended period. The agency continued to support the family emotionally and worked closely with the mother around the problems she faced with her older daughter who eventually left school and began to drift about the community. The other children progressed well in their grade placements, many of them now constantly on the honor-roll. Last year the agency was again rocked when mother was again arrested for stabbing a second man to death. Similar circumstances found the court much less lenient and mother received a 10-20 year sentence as a result of this murder.

The agency continued its interest in the children, placed some in a foster home, arranged for the father who had always been in the background to take the 3 oldest children. The oldest daughter who had been so much of a problem seemed to be challenged by this crisis, returned to the home and was helped to receive an AFDC grant and a small apartment in a project to make a home for 3 of the middle-aged children.

During this period the worker helped the oldest girl constantly with the number of real problems that developed, as well as supporting her emotionally in her attempt to be a mother to her younger siblings.

Very recently the oldest girl was found to have active tuberculosis had to be hospitalized. The 3 siblings living with this girl were then placed in foster care with their brothers and sisters. The mother learned that she was pregnant after admission to the State prison and the baby, born in the prison, has been placed in the same home as some of her siblings. Worker continues to keep these children in touch with their mother and recently brought the older children to visit at the prison.

This situation illustrates the long term measure of social service needs for many families in the very deprived socio-economic group. Living in inadequate housing and with incomes from public assistance that must be carefully managed to be adequate, the families need much help. The strengths of this mother are very apparent to one who reads this records. She loves her children and has aspirations for their future and encourages them to seek a better education that she was able to achieve.

Many are the problems facing this family, many from our society but complicated by the large number of children involved, by the number of boyfriends the mother has associated with and by the mother's violent temper and efficient handling of a knife. The agency that takes on a family such as the L's must be prepared to live with them through the life-time of the youngest child in the family. The agency in this situation has continued since 1963 to provide high quality of services to this family, and has not become discouraged by some monumental set backs.

The consultant who read this record was excited because he felt that the cycle of poverty would be broken for most of the children in this family. Only the oldest girl seems to have been permanently damaged by the living experience and even she presents many strengths.

The family has been fortunate during all this period to receive social services from one worker. This is often times not the case since most agencies experience a high turnover in staff for a variety of reasons. The contribution this worker made towards changing this pattern cannot be overrated. The need for skilled, experienced dedicated and professional staff is very obvious when one sees the very complicated and varied problems that face this one family. Staffing of an agency that provides services to a family such as the L's must be such that contacts can be made at least once or twice a week.

This case study demonstrates the value of the Rhode Island Child Welfare Services Home Service Unit and the leadership given to it by the administrator of the agency.

Table 6 indicates the degree of severity of the problems facing the families served by Child Welfare Services. (It should be noted that most of the families receiving child placement service are served by Child Welfare Services. Table 6 as well as Table 1 should be viewed as the intake source for Child Welfare Services.)

The Study Committee was impressed with the work of the Home Service Unit and encourages the agency to expand this unit so that more families can benefit from this type of assistance.

This case also dramatizes the need for caseloads to be at a manageable level. Large caseloads mean custodial services. Caseloads in the public agency, both public assistance and child welfare should be at a level that permits the worker sufficient time to help multi-problem families. One should never underestimate the use of ancillary personnel, call them what you will, para-professionals, social work technicians, neighborhood aides, indiginous worker, etc.

Table 7 indicates that less than a quarter of the children in placement will be discharged within a year. This fact indicates that for the most part the caseload of the typical worker is composed of families with multi-problems of long duration. Such problems take an enormous amount of time and thus the social workers assigned to them require a more manageable caseload, based upon the demands of the particular cases assigned.

The Study Committee recognizes that there are not sufficient trained social workers to perform the enormous tasks involved in implementing this recommendation. The Committee further recognizes that neighborhood aides can be of great value to an agency and that often they can establish better rapport with the culturally deprived. The Study Committee therefore

TABLE 6

SOURCE OF PRESENT REFERRAL TO THE CURRENT AGENCY BY
CASEREADER'S EVALUATION OF DEGREE OF FAMILY DISTURBANCE

Source of Referral	Foster Home			Institution			Group Home	Grand Total					
	Minimal	Moderate	Severe	Minimal	Moderate	Severe	Moderate	Minimal		Moderate		Severe	
Child Welf. Serv.	0	0	2	0	1	1	0	0	0.0%	1	2.6%	3	5.5%
Children's Friend & Service	0	4	6	0	2	6	0	0	0.0	6	15.4	12	21.8
Diocesan Bureau of Social Service	1	0	1	0	1	1	0	1	16.6	1	2.6	2	3.6
St. Mary's Home	0	0	0	0	1	0	0	0	0.0	1	2.6	0	0.0
Sophia Little	0	0	0	0	0	1	0	0	0.0	0	0.0	1	1.8
Dept. of Soc. Welf. PA Division	0	1	4	0	3	5	0	0	0.0	4	10.2	9	16.4
Dept. of Soc. Welf. Other Section	0	1	0	0	0	0	0	0	0.0	1	2.6	0	0.0
School	0	0	0	0	1	2	0	0	0.0	1	2.6	2	3.6
Family	0	5	2	1	4	5	0	1	16.6	9	23.0	7	12.8
Other Professionals	1	5	2	0	1	3	1	1	16.6	7	17.9	5	9.1
Court	0	3	2	0	5	7	0	0	0.0	8	20.5	9	16.4
Other	0	0	0	1	0	0	0	1	16.6	0	0.0	0	0.0
Family Serv. Inc.	0	0	2	0	0	0	0	0	0.0	0	0.0	2	3.6
Clergy	1	0	0	0	0	0	0	1	16.6	0	0.0	0	0.0
Police	0	0	1	0	0	1	0	0	0.0	0	0.0	2	3.6
Hospital	1	0	0	0	0	1	0	1	16.6	0	0.0	1	1.8
Total	4	19	22	2	19	33	1	6	99.6%	39	100.0%	55	100.0%

recommends that neighborhood aides and other ancillary personnel be employed in both public and private child welfare agencies and be given meaningful tasks to fulfill under the supervision of skilled social workers.

This recommendation is in line with the United Community Services of Metropolitan Boston Intake Study which found that there is not a shortage of manpower but an inappropriate use of manpower.[13] The Boston Study separated out and identified tasks appropriate for graduate, undergraduate social workers and for the social work technicians.[14]

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13 Social Services Implementing Committee, Report and Recommendations, Ad Hoc Committee on Manpower (Boston: United Community Services of Metropolitan Boston, 1968) p. 2.

14 Ibid p. 5.

TABLE 7

ESTIMATE OF TIME WHEN CHILD WILL BE DISCHARGED
FROM PLACEMENT AGENCY BY TYPE OF PLACEMENT

Estimate of Time	Foster Home		Institution		Group Home		Grand Total	
	Total	%	Total	%	Total	%		%
1-2 months	21	10.5	22	10.3	1	16.7	44	10.5
3-6 months	9	4.5	23	10.8	0	0.0	32	7.6
7-12 months	13	6.5	8	3.7	0	0.0	21	5.0
13-24 months	3	1.5	14	6.5	3	50.0	20	4.8
Longer than 24 months	45	22.5	18	8.4	0	0.0	63	15.0
Unknown	102	51.0	129	60.3	2	33.3	233	55.5
Permanent adoption or placement	7	3.5	0	0.0	0	0.0	7	1.6
TOTAL	200	100.0	214	100.0	6	100.0	420	100.0

RECOMMENDATION V

AN IN-DEPTH STUDY OF FOSTER HOME CARE SHOULD BE COMPLETED.

Because there seems to be a lack of foster homes and because institutional care does not meet the needs for many children, an in-depth study of foster home care should be made. This study should review policies, licensing practices, recruitment techniques, fee scales, supervision, and other pertinent facts and make appropriate recommendations so that foster home care can be a resource for those children who require this kind of home care.

There were 1,737 children in placement on January 1, 1967, of which 1,316 or 75.8% were in foster home care, 14 or .008% were in group home care, 407 or 23.4% were in institutional care. Just what type of care is given to these children in foster home care? Table 8 indicates that over 75 percent of the children in foster care have been there more than one year. Table 9 indicates that over 63 percent of these children have been moved two or more times and that nineteen percent have experienced four or more placements. This study could not determine why these children were in care for such long periods of time or why they have seen such multi-placement. The consultant did note that the public agency has a number of children who could profit from foster home placement, if the right home could be located. To find the right home for any child, many homes must be made available. To match a child to a home requires the availability of homes in sufficient number that the many factors in a sound choice can be considered.

The case of Janet D. illustrates the need for a variety of foster home options.

TABLE 8

YEARS SPENT IN ALL PLACEMENTS BY TYPE OF PLACEMENT

Years in Placement	Foster Home		Institution		Group Home		Grand Total	
	Total	%	Total	%	Total	%		%
Less than 6 mos.	22	11.0	41	19.2	1	16.7	64	15.2
6-11 months	25	12.5	25	11.7	0	0.0	50	12.0
1 year	18	9.0	30	14.0	1	16.7	49	11.6
2 years	21	10.5	41	19.2	1	16.7	63	15.0
3 years	17	8.5	15	7.0	1	16.7	33	7.9
4 years	13	6.5	9	4.2	0	0.0	22	5.2
5 years	16	8.0	12	5.6	0	0.0	28	6.7
6 years	21	10.5	6	2.8	1	16.7	28	6.7
7 years	15	7.5	13	6.1	0	0.0	28	6.7
8 years	7	3.5	11	5.1	0	0.0	18	4.3
9 years	7	3.5	1	0.5	0	0.0	8	1.9
10 years	5	2.5	0	0.0	0	0.0	5	1.2
11 years	4	2.0	2	0.9	0	0.0	6	1.4
12 years	1	0.5	3	1.4	0	0.0	4	1.0
13 years	1	0.5	2	0.9	0	0.0	3	0.7
14 years	1	0.5	0	0.0	0	0.0	1	0.2
15 years or more	6	3.0	2	0.9	1	16.7	9	2.1
Unknown	0	0.0	1	0.5	0	0.0	1	0.2
TOTAL	200	100.0	214	100.0	6	100.2	420	100.0

TABLE 9

NUMBER OF PLACEMENTS OUTSIDE OWN HOME BY TYPE OF PLACEMENT

Number of Placements	Foster Home		Institution		Group Home		Grand Total	
	Total	%	Total	%	Total	%		%
1	73	36.5	79	36.9	3	49.9	155	37.0
2	52	26.0	49	22.9	1	16.7	102	24.3
3	36	18.0	26	12.2	1	16.7	63	15.0
4	11	5.5	28	13.1	0	0.0	39	9.3
5	10	5.0	8	3.7	0	0.0	18	4.3
6	11	5.5	8	3.7	0	0.0	19	4.5
7 or more	6	3.0	16	7.5	1	16.7	23	5.4
Unknown	1	0.5	0	0.0	0	0.0	1	0.2
TOTAL	200	100.0	214	100.0	6	100.0	420	100.0

Janet D.

Janet D. is a 7 year old Puerto Rican girl who up until a few years ago lived with relatives in Puerto Rico. When her mother married in Rhode Island, she sent for Janet. A month after her arrival Janet was hospitalized with physical injuries that were most suspicious. Further review indicated that another child had died at the age of one month from what appeared to be an odd accident. Protective worker learned that Janet had been locked in a closet and was considered a "strange child" by her mother and step-father. Janet had numerous scars and bruises and her vision was impaired from what was believed to be beatings about the head. The mother released Janet for adoption and did not want her to return from the hospital to her home. An attempt was made to place the youngster with someone who was interested in adopting a mixed racial child. This couple were, however, unable to tolerate Janet's destructive attitudes toward possessions and her abusive behavior towards their own younger children. Two other foster home placements failed largely because of the girl's aggressive activities with other children. The agency was considering placement at a residential treatment center when another foster home was considered. The foster mother who had been a foster child herself became most interested in the little girl and reached out to her and seems to have brought the child back from what had appeared to be very close to schizophrenia. The strain for the foster family taking this disturbed girl was very great and it appeared the foster parents own marriage was in danger. It was thought that the foster mother was giving so much of herself to the child, she was perhaps neglecting her husband. He was also holding two jobs because of their limited income, and it would seem that both parents were under great stress. The social worker helped these people gain some perspective and all seems to be going well in the home at present.

The progress that this little girl has made in this home where she now has successfully entered public school and is progressing well seems to indicate that consideration should be given to paying a considerably higher board rate for such children, so that the foster father would not have to work two jobs in order to be able to provide a home for her. Any additional board payment would not be very great when compared with the dollar annual rate cost to the public of approximately $ 7,000 to 10,000 annually that would have been in effect if the child had been placed at the treatment hospital, as originally proposed.

RECOMMENDATION VI

A NETWORK OF GROUP HOMES SHOULD BE ESTABLISHED UNDER A VARIETY OF AUSPICES FOR AMONG OTHERS: THE ADOLESCENT CHILD, THE LARGE FAMILY GROUP, THE MODERATELY DISTURBED CHILD, THE CHILD WHO NEEDS SPECIALIZED FACILITIES, AND THE CHILD WHO NEEDS SUPERVISED BOARDING CARE.

Table 10 indicates that of the one hundred cases read in the sub-sample, fourteen children should have been in group home care. Group home care in Rhode Island is a fairly new concept. The group home operated by St. Mary's has had remarkable success as well as the group home operated at Child Welfare Services. More children should be given this opportunity.

Group home care is appropriate for the adolescent child such as Larry P. who needs a supervised kind of living that might provide both supervision and protection for him until he can mature to a point where he can live on his own.

Larry P.

Larry is the youngest of 3 boys whose parents are divorced. He was born in 1951 and was referred to CWS in the fall of 1967 as a runaway boy. It was alleged that during the summer he had run away from home and stayed with a man who had a reputation for homosexual activities. Larry has attended ungraded class in school, his intelligence is limited and he is often ridiculed by his peers. His older brothers dropped out of school and are working in unskilled jobs. Mother had been living on public assistance but through the help of the Division of Vocational Rehabilitation she has secured employment. She is described as depressed, despondent, unhappy and is thought that she does drink to some extent. She herself had been at the Children's Center as a child. Shortly after his original referral, court ordered Larry held at the Center for a few days because his mother had taken an overdose of pills. After the boy left the Center he was living in a rooming house and worker is attempting to help him find some job and possibly some help from the Division or Vocational Rehabilitation. This pathetic young man who is very limited cannot live at home with his mother because of her depression and many medical problems. It seems that he has been in the past preyed upon by deviates and the possibility of such future involvement continues.

Group home care is also appropriate for the large family group. Table 11 indicates that almost half of the families in care have four or more children and that 11.2% have eight or more children. Few foster homes can accommodate such large families and seldom can the institutions accommodate them. Hence, out of necessity in placing these families, several are sent to foster homes and others to the institutions. It would be much better if these families could be kept intact so that the siblings could give each other emotional support. The use of Homemaker Service in the child's own home is one possibility and specialized group home is another.

Group home care is appropriate for the moderately disturbed child who no longer needs residential care, but is incapable of returning to his family. The Council study for Children's Friend and Service[15] recommended that in establishing a residential treatment center at Lakeside the agency also establish group homes for those children who can benefit from them. Bradley Hospital has recognized this need and has established this type of such a facility for such children (who no longer need institutional care but are not yet ready to return to their family.)

In operating any group home, the staff must work not only with the child but also his family and other community persons so that the child can eventually return home and can be expected to receive reinforcement for the healthy patterns of personality that have been developed.

As a first step in establishing a system of group homes, the agencies should immediately plan a public information campaign to educate the Child Welfare community about the philosophy and techniques of the group home. The agencies should cooperate jointly in implementing this recommendation. The study committee strongly urged that a

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partnership between the public and private agencies be established so that a pattern of group homes, as outlined in this recommendation, be worked out.

TABLE 10
PRESENT AGE OF CHILD BY WHERE

Present Age	Presently in Foster Home					Distribution of all children	
	Child in Proper Placement	Home w/ Parents	In Group Home	Placed for Adoption	Other	Total	%
Under 1 year	8			2		10	13.3
1 year	1					1	0.0
2 years	1					1	0.0
3 years	1					1	0.0
4-6 years	0			4	2	6	40.0
7-9 years	5	2		1		8	20.0
10-12 years	5				1	6	6.7
13-15 years	5		1			6	6.7
16 and over	4		2			6	13.3
Totals	30	2	3	7	3	45	100.0

15 children not properly placed

* Both cases i

HE SHOULD BE PLACED

Presently in Institution*				Placed for Adoption	Other	Total	%
Child in Proper Placement	In Foster Home	In Group Home	Residential Treatment				
2						2	0.0
0	1					1	3.5
0				1		1	3.5
3						3	0.0
2	2					4	6.9
4	3	2		1		10	20.7
1	1	3	2	1	2	10	31.0
10		6			4	20	34.4
2						2	0.0
24	7	11	2	3	6	53	100.0

29 children not properly placed

n Group Home were not applicable

TABLE 11

NUMBER OF SIBLINGS BY SEX AND RACE

Number of Siblings	Male				Female				Grand Total	
	W	N-W	Total	%	W	N-W	Total	%		%
None	30	2	32	12.4	18	0	18	11.2	50	11.9
1	23	4	27	10.4	15	4	19	11.8	46	10.9
2	30	0	30	11.6	17	5	22	13.7	52	12.4
3	34	1	35	13.5	25	5	30	18.6	65	15.5
4	34	4	38	14.7	19	2	21	13.0	59	14.0
5	25	8	33	12.7	18	1	19	11.8	52	12.4
6	17	1	18	6.9	10	3	13	8.1	31	7.4
7	10	0	10	3.9	6	0	6	3.7	16	3.8
8 or more	32	3	35	13.5	9	3	12	7.5	47	11.2
Unknown	1	0	1	0.4	1	0	1	0.6	2	0.5
TOTAL	236	23	259	100.0	138	23	161	100.0	420	100.0

RECOMMENDATION VII

RESIDENTIAL TREATMENT AND OTHER FACILITIES FOR EMOTIONALLY DISTURBED CHILDREN SHOULD BE INCREASED AND DIVERSIFIED.

This recommendation is reinforcing findings of the Council study for Children's Friend and Service[16] which noted that the most pressing child welfare need was for residential care for emotionally disturbed children. It is anticipated that Children's Friend and Service will be establishing a residential program on July 1, 1969. However, this will not meet the entire need. The Rhode Island Governor's Conference on Mental Health has also indicated that residential care of emotionally disturbed children and their families is their highest priority need in Rhode Island.

This recommendation notes that not only is residential treatment care needed in Rhode Island, but that other specialized services should also be made available to emotionally disturbed children and their families to provide suitable options for the successful treatment of various types of cases. These ancillary services include: group home, (refer to recommendation 6), specialized foster home care, and specialized schools. Institutional care should also be made available on a day basis as well as day and night basis. Those children who must stay on a 24 hour basis should be allowed to return home on weekends if this would benefit them. In other words, residential treatment care should involve the child and his family, in contrast to previous residential care when the family had no contact with the child during his entire stay at the treatment facility.

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16 Survey of the Most Urgent Unmet Needs in the Child Welfare Field Appropriate for Children's Friend and Service, December 1967.

RECOMMENDATION VIII

A CENTRALIZED ADOPTION FILE SHOULD BE INSTITUTED THAT IS BOTH INTER-AGENCY AND INTER-STATE. MODERN METHODS OF STORING DATA SHOULD BE USED.

The purpose of this file is to facilitate the placing of children as quickly as possible, as well as to help each adoptive applicant find the right child for that family that best suits his interests. As part of this recommendation, the agencies should keep the name of the adoptive couple separate and apart from the record of the child and his biological family.

The child who is being placed for adoption is a perishable product. He must be placed at an early age for the older he gets, the more difficult it is to find an adopted home for him.

By establishing an inter-agency, inter-state adoption resource file, the agencies will have a greater variety of prospective adoptive parents to choose from and thus place the child in the home which is mutually suitable.

A national effort is being made by the Child Welfare League of America, to establish an Adoption Resource Exchange of North America (ARENA). The program will include listing of children and adoptive couples in the United States and Canada for whom suitable placements cannot be made in local areas. A 3-year demonstration project is planned, financed by funds from the Field Foundation, the American Contract Bridge League Foundation, the U.S. Bureau of Indian Affairs, and private contributions. According to project plans, an important aim of the exchange will be to find homes for the large number of children of minority groups and of mixed racial background who are now in foster care. It will help overcome the uneven availability of homeless children and suitable adoptive families that now exists.[17]

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17 Ursula M. Gallagher, Problems and Progress in Adoption, U.S. Department of Health, Education and Welfare, Social and Rehabilitation Service, 1968, p. 5.

If such an exchange is developed there may be no need for a local or regional exchange. Therefore, the study committee suggests that this recommendation be implemented in light of the fact that the regional exchange may be supplemented by a National Resource Exchange.

In some instances agencies continue their record on a youngster after he is placed in the adoptive home and indicate in the record of the child and his original parents, the name and address of the new adoptive parent. Since confidentiality is a particularly important element in adoption, it is strongly recommended that a separate record be set up for the child, usually incorporated into the adoptive applicant's folder. When there is a need for someone to review the record of the natural family there is no possibility of inadvertently disclosing the child's new name and location. The Study Committee therefore urges that for those agencies not now making such a separation, consideration be given to eliminating the name and address and material about the adoptive couple from the original record on the child. Records then can be numerically cross-referenced.

RECOMMENDATION IX

RHODE ISLAND ADOPTION LAWS SHOULD BE UPDATED AND REVISED.

The Study Committee has a very strong feeling that the State of Rhode Island and its child welfare system must give serious thought and consideration to a review of its adoption laws. Rhode Island's legal code appears to discourage children from being placed for adoption and the result is long term foster care with all the insecurities and inadequacies of such living.

It is evident that others in the community feel the same way for Governor John H. Chafee appointed the Children's Code Commission to update, revise and codify laws pertaining to children. The Study Committee is aware of the current deliberations of the Commission and would like to point out several problem areas that this study disclosed.

A substantial amount of staff time must be devoted to the court procedures on taking each release for adoption. There may be some merit in such a protective activity, but when one considers the shortage of staff in all child welfare programs one cannot help but question this kind of judgment whether the present system is not leaning over backwards to the detriment of many children who are thereby denied their right to grow up in a healthy family of their own. Every agency spends a considerable portion of its time in court for situations that were agreed upon well in advance so that the court hearing appears to be a mere formality. Second the necessity for obtaining the signature of at least one grandparent on an adoption release, where the unmarried mother is under 21, in some instances has been clearly detrimental to children and may have prevented some from being adopted..

One must constantly remember that the adoption of a baby is a perishable activity. If the adoption is not completed promptly, the child soon reaches a point where he will not be adopted. It is essential, therefore, that agencies move rapidly to have children adopted. Any delay may easily result in children not finding adoptive homes. There are instances in the small sample, for example, where the grandparents were hostile towards

their daughter and refused to sign the release. As a result the agency was forced to expend a great deal of time to induce the grandparents to change their minds. In one instance the agency decided that they would have to wait until the girl turned 21. It was fortunate, in this instance, that the foster parents were prepared to adopt the baby, but in other instances the baby might not be adopted.

Cathy S.

Cathy was born in 1948 and is the second of three siblings remaining at home. She has five older brothers and sisters who have left home. Parents are separated and her mother is on AFDC. In 1963 mother reported that Cathy had been missing from the home for two weeks. She was referred by the police to CWS. When she was located she was found to be pregnant. She told her social worker that she had been raped by an unknown man on an earlier runaway attempt. She said that she would like to place the baby for adoption. Arrangements were made to place Cathy in a maternity home and the baby was born in July of 1964. After the baby's birth the youngster was placed in a foster home, and has remained in this home since her birth. For a period of two years Cathy was placed in another foster home where her adjustment was good but problems developed with the foster father that resulted in Cathy living at the YWCA. She left school before completing high school but found a job and has been working. She still wishes to release her baby for adoption and the grandmother refuses to sign. It would appear that the resentment is based on rejection of the daughter because the grandmother makes no effort to interest herself in either Cathy or the baby.

This situation is a fortunate one since the foster parents are interested in adopting the child and the baby will be adopted when Cathy reaches 21. In some instances, adoption does not occur because the foster parents are not interested. By the time the mother reaches 21 it may not be possible to find a couple that is interested in adopting a child over three years of age with these characteristics.

Susan D.

Susan is the illegitimate child of a 20 year old unmarried mother. The mother herself comes from a broken home. Her own mother ran away with a married man when she was born. It also seems that the mother herself may have been an illegitimate child. Her father always has been cold and indifferent towards her and up until a few years ago she was brought up by an aunt. When the aunt died the police took her to her father's home. She remained with the father briefly until he threw her out of the house and since that time she has lived with a series of girlfriends. She feels alone and is probably correct in her feeling that no one in the world really cares for her. The alleged father was a taxi driver who was friendly towards her and often used to give her a ride to school. He is married and when he learned about her pregnancy, he moved out of the state, and his present whereabouts are unknown. Mother completed 11th grade but she had to go to work after leaving her aunt's home. Baby Susan is a healthy, responsible infant. She was born in the Spring and only after several months placed in an adoptive home because of the difficulty in securing the signature of the maternal grandfather. He wanted nothing to do with the mother or child and only would sign after considerable pressure was placed on him by the agency. Shortly after the release and court hearing the mother left Rhode Island for California with a young man who she hoped was going to marry her.

Table 10 indicates that ten percent of the children in the sample should be placed for adoption. Assuming the validity of the sample, this would mean that of the 1,737 children in placement on January 1, 1968 we would expect that 174 additional children should be placed for adoption.

Table 12 indicates the present whereabouts of the parents. It should be noted that the parents whereabouts are either unknown or they are institutionalized in 5.7% of the cases. Obviously, most of these children should be adopted.

The Study Committee suggests that the Children's Code Commission urge that elimination of the requirement for the signature of at least one grandparent on the adoption release where the mother is under 21.

TABLE 12

CHARACTERISTICS OF CHILD'S FAMILY AT PRESENT BY CUSTODY

Characteristics	Foster Home					Institution					Group Home			Grand Total	Percent
	Parent (s)	CWS	Other	DBSS	Total	Parent (s)	CWS	Other	DBSS	Total	Parent (s)	CWS	Total		
Both parents deceased	1	3	0	0	4	0	2	0	0	2	0	0	0	6	1.4
2-parent family together	5	16	0	1	22	31	21	0	0	52	1	1	2	76	18.1
2-parent family separated	15	68	0	3	86	36	54	0	0	90	0	1	1	177	42.2
1-parent home	7	19	0	1	27	13	27	0	0	40	2	1	3	70	16.7
Unwed mother	15	13	1	8	37	7	6	0	2	15	0	0	0	52	12.4
Parents where-abouts unknown	1	4	0	0	5	0	4	0	0	4	0	0	0	9	2.1
Other	0	0	0	0	0	1	0	0	0	1	0	0	0	1	0.2
Unknown	0	2	0	1	3	0	0	0	0	0	0	0	0	3	0.7
Both parents institutionalized	2	7	0	0	9	0	3	0	0	3	0	0	0	12	2.9
Mother-stepfather together; father unknown	2	4	1	0	7	3	4	0	0	7	0	0	0	14	3.3
TOTAL	48	136	2	14	200	91	121	0	2	214	3	3	6	420	100.0

The U.S. Children's Bureau notes that since a substantial proportion of unmarried mothers are below 21 years of age, and since adoption often is the best plan for their children, it is recommended that for purpose of termination and adoption of children a minor be defined as a person below 18 years of age. This is compatible with the definition of a child in "Principles and Suggested Language for Legislation on Public Child Welfare and Youth Services."[18] It is also congruent with the differentials expressed in law pertaining to compulsory education, social insurance, labor, child support, relations and marriage, welfare and with many judicial decisions concerning awards of child custody in divorced and separation cases. These differentials reflect both reality factors and community attitudes.[19]

The Children's Bureau further points out that acceptance of these criteria would mean that the majority of unmarried mothers seeking termination would be regarded as adults both by social agencies and courts. For them the complications attached to the status of minors would be avoided. Many of these parents do not want their families informed about the out-of-wedlock births, and generally there would be no necessity for not complying with their desires in this matter.

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18 U.S. Department of Health, Education and Welfare, Social Security Administration, Children's Bureau, Washington 25, D.C., 1957, 130 pp.

19 Legislative Guides for the Termination of Parental Rights and Responsibilities and the Adoption of Children, U.S. Department of Health, Education and Welfare, Welfare Administration, Children's Bureau, 1961. p. 6.

Should an individual parent of 18 years or older appear to be lacking in mental capacity, either by reason of mental illness or mental deficiency, the social agency would have an obligation to contact the family except where the contrary is clearly indicated. Moreover, in such cases the court would appoint a guardian ad litem for the parent.

As to those under 18, social agencies have a responsibility to see that minors are given the special protections incident to their status as minors.[20] Although their aggregate number will be smaller, service to minor parents is fully as important as service to adults. Since parents are natural guardians, the Children's Bureau guide accents involvement in termination and adoption rather than the routine appointment of guardians ad litem or guardians of the person.

The U.S. Children's Bureau has developed uniform standard termination procedures. We commend to the attention of the Children's Code Commission the termination procedures suggested by the Children's Bureau. The Children's Bureau states that the following are grounds for involuntary termination in addition to the one that the presumptive parent is not a natural parent of a child: (a) that the parent has abandoned the child in that the parent has made no effort to maintain a parental relationship with the child; (b) that the parent has substantially and continously or repeatedly neglected the child; (c) that the parent is unable to dischange parental responsibilities because of mental illness or mental deficiency, and there are reasonable grounds to believe that such a condition will continue for a prolonged indeterminate period.[21]

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20 See "A State Program for Minor Unmarried Mothers," Martha Schurch, "Child Welfare," October 1959, p. 5-11.

21 Legislative Guides for the Termination of Parental Rights and Responsibilities and the Adoption of Children, U.S. Department of Health, Education and Welfare, Welfare Administration, Children's Bureau, 1961, p. 14.

Abandonment would be defined as a lack of parental efforts to maintain the parent-child relationship.

Where neglect is substantial and continous or repeated, it is plain that the child is seriously in need of new parental relationships. It is recommended that wherever possible, social services be made available to the parents to help them understand and meet their responsibilities toward the child, and that only if, despite these services, the neglect continues or is repeated, should termination action be started. These situations are distinguishable from "ordinary neglect" which can be dealt with constructively in ways other than termination.[22]

Parental incapacity to discharge parental responsibilities could be defined on the grounds of mental illness over a long period of time with a poor prognosis for recovery.

Evidence which would be sufficient for a judicial commitment of a person alleged to be mentally ill or mentally deficient could be used as a basis for a finding of mental incapacity. However, this would not necessarily suffice for a determination of its duration. Evidence of both this condition and its prolonged indeterminate period should be given by people professionally qualified to express expert opinions.[23]

The case of Thomas below is an example of the parent who is incapable of exercising her parental rights.

Tommy is the 6 year old illegitimate child of a 32 year old unmarried mother. He was born when his mother was in the State Mental Hospital and placed from the hospital in a foster home. At the time of referral the mother was actively hallucinating and was described as an angry assaultive young woman. She comes from a rather prosperous family and the alleged father was believed to have been also of middle-class background. The mother refused to consider the possibility of adoption though her parents wanted her to make such a plan. One could almost feel that her reluctance to release Tommy for adoption was part of an attempt to strike back at them. Mother is no longer in the State Hospital, but continues to take no responsibility for the child.

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22 Ibid, p. 15.

23 Ibid, p. 16.

Last contact indicates that she would be definitely unwilling to release him for adoption. The little boy remained in his first foster home for several months, then had to be placed at another foster home because of illness of first foster mother.

RECOMMENDATION X

THE SOCIAL WELFARE AGENCIES SHOULD BE MORE AGGRESSIVE IN SEEKING THE RELEASE OF CHILDREN WHOSE PARENTS ARE NOT FULFILLING THEIR CHILDREN'S NEEDS ADEQUATELY.

The general impression of the Study Committee was that because of the statutory limitations, agency staffs do not generally think in terms of adoption where parents are unwilling to consider release. In a number of instances, obviously inadequate and unworkable parents were allowed to produce several families of children all of whom are in some form of substitute care; none were adopted because of feelings by staff that there were no legal basis for such action.

In the J. case, although four groups of children were removed from the home, and although the entire community would agree that the parents are unworkable, when the father said, "I know my child needs the permanancy of adoption but I cannot do this because if he was adopted I would cut my own throat", the worker ceased to think in terms of adoption. In many states, hundreds of children a year are given permanent homes through the termination of rights of parents such as Mr. and Mrs. J. The rights of these parents can be protected by a statute that is protective of legitimate parental rights but does allow children to achieve security through adoption placement.

John J.

Family consists of 12 children. Father is now 48 years old and has been married twice. His first wife died after the birth of their second child in 1940. He remarried and his present wife, the mother of the other 10 children is now 41 years old. She is one of several children who was committed to child welfare services as a neglected child when she was young. Family first became known to the protective services in 1947 after the father's remarriage when there was a complaint that the mother was neglecting her step-children. Father was receiving a substantial income from the Veterans Administration because of headaches, nervousness and depression. The home was drab, dirty, and numerous cats roamed at will through the apartment.

The two oldest children who were then 8 and 7 were committed as neglected children. Three years later three more children ages one month, two and three years were committed as dependent children. In 1954 three more children were committee as neglected and they were ages three, two and one and one-half. John, born in 1952, was the middle of these three children. In 1960 two more children aged five and one were committed as neglected. At that time the mother was described as spending all her time at the races. The house was considered filthy, when interviewed the mother went into an obscene tirade and seemed to have absolutely no affection for her children. The father who seemed more sensitive was described as having a heart ailment and unable to work. Parents constantly fight bitterly, separate, only to rejoin each other after a short absence. Although the parents are able to be violent in their anger towards one another and toward their children, to outsiders they often appear to be sad, fearful people. In 1958 at a staff meeting a psychiatrist wondered if it would be possible to plan for adoption for these children since he felt these attractive intelligent children would probably grow up to be disturbed like their older siblings. It was noted at the conference that parents refused to consider adoption. It might be of some interest to look at the adjustment of these 12 children.

The oldest is now married and her whereabouts are uncertain. The second child, a boy, was committed to the agency in 1947, went into the armed services eventually, but not too many months after his enlistment was arrested and is now serving a long prison term for murder. The next child, a girl who came to the agency in 1950 when she was three, was placed in one foster home, discharged as married in 1963, and seems to have made a generally good adjustment. The next child, a boy, came to the agency also in 1950 when he was two, was placed in six foster homes, has been at the Bradley Hospital, Longview Farm and the Children's Center on two separate occasions, has had three placements at the Rhode Island School for Boys and three times at the Rhode Island Medical Center. He is an extremely disturbed young man. The next child, a girl who was committed in 1950 when she was one year of age, has been in the same foster home since 1951 and making a good adjustment and doing good work and will probably graduate from High School. The next three children, all boys, were committed at the same time in 1954. The oldest of this trio has been in and out of the same foster home where he has some ties, but where his adjustment has not been too good. He is described as effeminate in manner and intelligent. There is some question that he may now be suffering from some form of seizure, which is being investigated medically. The next boy who also with his two siblings had been in and out of the same foster home is at the center where he is making a fair adjustment. Johnny, the boy whose record was reviewed has been in three foster homes and like his brothers has been in and out of the last foster home because of the attitude of the foster parents. He is described as slow, likable, and his adjustment is fair at the Children's Center. The next boy who with his two younger brothers was committed as neglected in 1960 has been in the same foster home since placement and his adjustment has been good. The younger two children have been in the same foster home together for a number of years and their adjustment has also been good.

There seemed to be no possibility of rehabilitation of these parents. The efforts by the agency, court personnel and other community services have been very extensive in behalf of these two very sick parents. It seems quite obvious to anyone who reviews this record that there will never be any possibility that either of these parents could provide responsible parenting of any of their children. When we see the damage done to some of the older children, particularly the boys, who have observed their ineffective father and who had been deprived of maternal love, it would seem that the need for some method of allowing an agency to place speedily those last two groups of children for adoption should be quite obvious. When parents have so seriously failed with their children, the opportunity for adoption should at least be made available to the last six children in this family in recognition of the rights of the child to a chance in life.

Revision of the Rhode Island statutes is necessary. However, the social workers must also believe that adoption and a permanent home are best for each and every child who does not have parents who are able properly to care for them. Only when the agency staff believe in adoption as a vital solution for the child will there be a change in present methods. Hence, when the statutes are changed, agency workers must be encouraged actively to seek to place these children in cases when the parents are not properly exercising their parental responsibilities and it is in the best interest of the child to be adopted.

RECOMMENDATION XI

FEES SHOULD NOT BE A DETERRENT TO ADOPTION AND THEREFORE THE STATE OF RHODE ISLAND SHOULD SUBSIDIZE THE ACTUAL COST OF THE ADOPTIVE PROCESS TO THE EXTENT THE ADOPTING FAMILY IS UNABLE TO MEET IT.

The study sample indicates that ten percent of the children in placement in Rhode Island should be placed for adoption. This amounts to 173 additional children.

Adoption can provide an opportunity for a child to grow into a mature well balanced individual. If the child remains in an insecure environment, living between foster homes and institutional care and having conflicts with emotionally immature or even absent parents - he will probably develop into an insecure person. Furthermore, the care he has received has been expensive denying adequate care to others who need it. Thus it appears to be far more economical in the long run for the State of Rhode Island to subsidize the adoption process for all children.

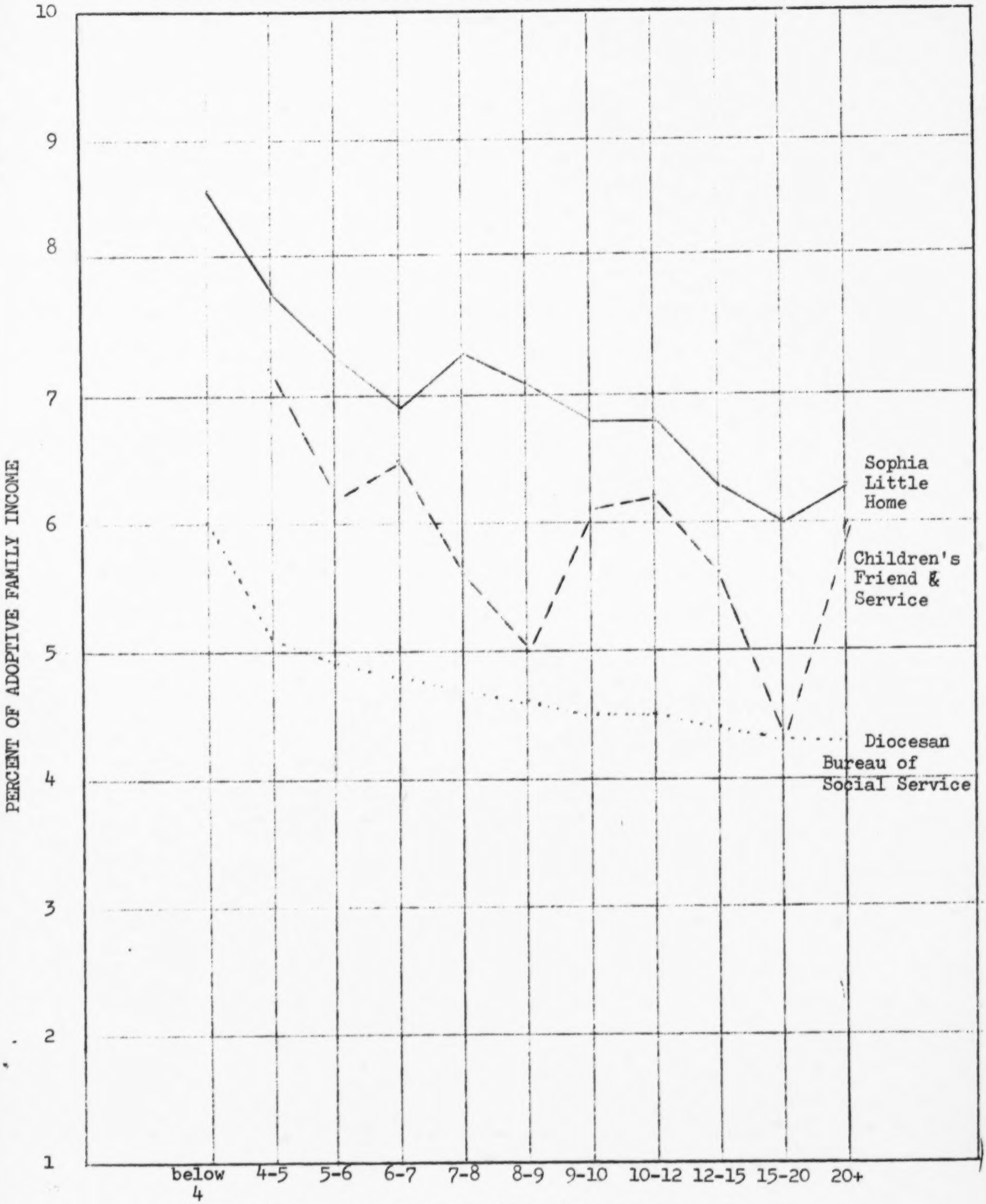
Chart A indicates the fee scale of the three major adoption placement agencies as percentage of family income. One can see that the families with lower income pay a higher percentage of their income than the well-to-do. Chart B indicates that the greatest number of people adopting children in Rhode Island in 1967 earned between five to six thousand dollars per year. These people are sacrificing a great deal to adopt a child since on the average they are paying a fee of five to seven percent of their income in addition to the burden of expenses to provide adequately for the new child.

Agencies have also expressed a concern that there are not sufficient adoptive families available. Elimination of fees as recommended would be expected to encourage more people to adopt children. By having a greater number of prospective adoptive families the agency has a better chance of placing the child in the most suitable home.

(2-1)

CHART A

ADOPTION FEE SCHEDULES AS A PERCENTAGE OF FAMILY INCOME 1967



RICCS 10/8-55 Rev. 1

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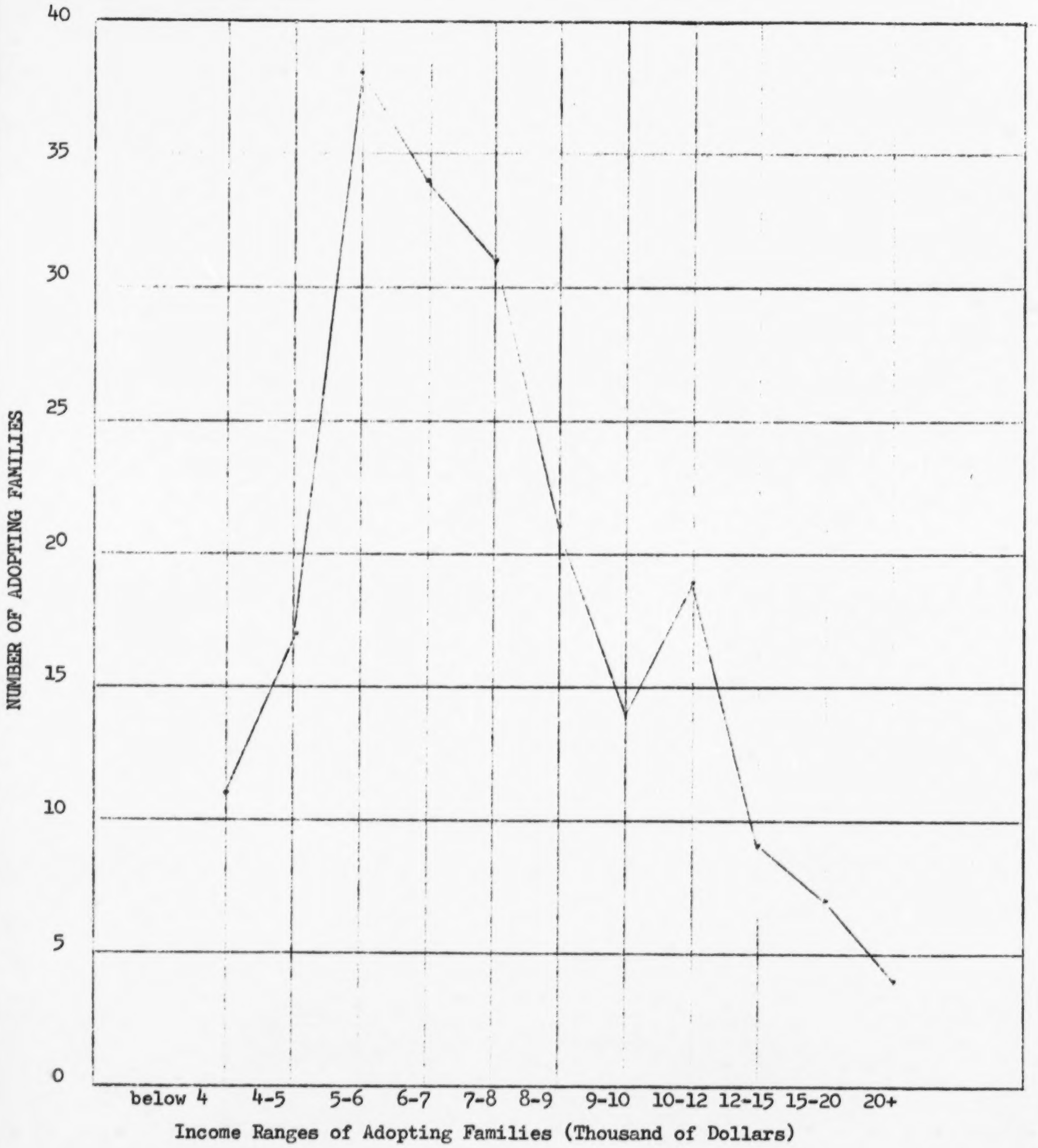
CHART B

NUMBERS OF ADOPTING FAMILIES - 1967 - ALL AGENCIES



Source: Table 10/8-38

RICCS 10/8-54 Rev. 1

The state is being asked to subsidize the adoptive process. However, the cost to the State is not as great as it may first seem because many children, who if not adopted, will not need to be fully supported by public funds until they reached maturity. One only has to compute the amount of money being spent by the State in supporting families as portrayed in the John J. case on page 58 to realize that a great deal of public funds are being spent keeping children in temporary foster homes or institutional care. The average yearly cost of care at the Children's Center is $4,846. and $11,881. at the Boys Training School. Therefore if these children can be given the permanency of adoption, not only will the children feel more secure but the state will save a considerable amount of money in the long run.

Special emphasis and possibly a special reimbursement should be made to encourage placement of "hard-to-place" children. Hard-to-place children are generally older children or those who are handicapped or with mixed racial backgrounds. The Boston Project on Services to Unwed Mothers recommends that the state agency be authorized legally or administratively to subsidize adoptive homes of Negro families.[24] New York State has instituted an adoption subsidizing plan. The intent of the New York Law is not to continue board payments after legal adoption but to add a child permanently and legally to a family where he is already a member..

The Study Committee recognizes that adoptive couples (or for that matter any other client) should pay for service rendered according to their means and ability. The committee recommends that the agencies suggest that the adoptive couple give a voluntary contribution. The difference between this voluntary contribution and the cost of the adoption should be reimbursed to the agency by the State.

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24 Project on Services to Unwed Mothers, Report and Recommendations, (Boston: United Community Services of Metropolitan Boston, 1968) p. 10.

The costs to be included in the adoptive process and the method of reimbursement should be determined by the participating agencies. At first glance it may appear that the State is being asked to assume a greater burden of placement expenses. However, there should actually be a reduction in State expenditures per case in the long run since fewer children will need long term placement or corrective intervention once they have found a permanent placement - adoption.

It is logical to ask "What will the voluntary agencies now do now that they are relieved of deficit financing of the adoption process?" It has been mentioned in the Preamble (page 3) that the voluntary agencies should do more, particularly in the area of experimenting with new concepts and techniques and by specializing with children of certain difficulties, ages, etc.

The committee therefore urges that the amount of monies previously expended by the voluntary agencies in deficit financing the adoptive process be used by these agencies for the improvement of services in the child welfare network. Thus the state and voluntary agencies can join in a partnership and more effectively serve Rhode Island children with the voluntary agencies experimenting and specializing and the public agencies providing basic child welfare services.

RECOMMENDATION XII

THE PUBLIC AND PRIVATE CHILD WELFARE NETWORK SHOULD DEVELOP AN ONGOING CENTRALIZATION DATA COLLECTION AND EVALUATION SYSTEM.

The Report of Knight and Gladieux Study of the Department of Social Welfare indicated that the Department was lacking quantity and quality information for management decision and placing purposes. Thus the director is not provided with a strong management tools for planning, budgeting and operating information that are essential to sound and positive leadership.[25]

By establishing a central data collection and evaluation system of both public and private agencies, the community will be able to provide this necessary leadership. Rhode Island should do better by its children. Plans to help them must be based upon sound research and evaluation feed - back. Only by having a continual data collection and evaluation system can we continuously develop sound plans to meet their needs. Through participation in this central system, each agency will be obliged to define its appropriate functions in the child placement network, in cooperation with other involved agencies.

The Boston Intake Study recommended that a uniform data instrument be developed that would be filled out for every client requesting service and transmitted to a central collection mechanism. This mechanism is to be used to keep abreast of current needs by providing continuous, ongoing planning data input for use in designing future programs and budgets.[26]

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25 Providence Evening Bulletin, Wednesday, October 23, 1968, p. 25.

26 Social Services Implementing Committee Report and Recommendations, Ad Hoc Committee on Statistics (Boston: United Community Services of Metropolitan Boston, 1968) p. 1.

RECOMMENDATION XIII

A COMMITTEE SHOULD BE APPOINTED BY THE PRESIDENT OF THE RHODE ISLAND COUNCIL OF COMMUNITY SERVICES TO ENSURE THAT THE FOREGOING RECOMMENDATIONS ARE IMPLEMENTED.

The recommendations of this study are developed as goals which should be achievable. The detailed methods for reaching them must still be worked out. In consideration of the urgency of these vital matters to our children and in order to see that these recommendations are implemented, the President of the Rhode Island Council of Community Services should appoint an ad hoc committee on implementation that would be charged with the task of interpreting this report to the community and work with the various groups in developing these specific techniques in order to implement the recommendations.

The Ad Hoc Implementation Committee should be composed of representatives of the original study committee as well as other concerned citizens, including policy-making representatives of the involved agencies or organizations cited in this study.

The Ad Hoc Implementation Committee should present a progress report to the Board of Directors of the Rhode Island Council of Community Services. This committee should be continued only so long as it is effectively involved in implementing the major recommendations of this study.

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APPENDIX A

CHILD PLACEMENT SURVEY PROPOSAL

RHODE ISLAND COUNCIL OF COMMUNITY SERVICES, INC.

Child Placement Survey Proposal

1. Problem

Concern has been expressed by several child placement agencies for a comprehensive plan for meeting child placement needs of the people of Rhode Island. The Council has undertaken and completed several studies in the Family & Children's Division in recent years which pertain to child placement services. However, an overall survey of all child placement services to determine if present programs meet the changing needs of Rhode Island children and their families has not been done.

As a first step it is proposed that a survey of the children in child placement on a given date be undertaken. This survey would also indicate the types of placements available to Rhode Island's children.

II Purpose and Scope

A. to undertake a survey of the number and type of children in placement under the supervision of a agency on a specific date except those whose primary reason for placement is the treatment of some type of physical or behavioral problem.

B. to evaluate the suitability of the present placement of the children and to ascertain agency policy for admission.

C. to examine trends in births, court commitments for neglect and dependency, and illegitimacy in order to determine if present numbers of placements will be adequate in the future.

D. to identify if further study in a particular area of child welfare services is indicated.

III Definition of Basic Concepts

A. Foster Family Care

"Foster family care is the child welfare service which provides substitute family care for a planned period for a child when his own family cannot care for him for a temporary or extended period, and when adoption is neither desirable nor possible."[1]

Foster family care is appropriate for any child under age six and is the placement choice of older children who can accept family ties, behavior is acceptable to community norms and can use community schools. Institutional and foster family care are not substitutes for casework service to family and children in their own home or other community services such as, homemaker, or day care services which help to keep the child in his own home. Thus institutional and foster family care should only be used when it is in the best interest of the child and his family that he be removed.

B. Institutional Care

1. Purpose

"The purpose of institutional care as a child welfare service should be to provide group care and treatment for children whose needs cannot at the time be adequately met in a family; and to offer opportunities for a variety of experiences, through a group living program and specialized services, that can be selectively used, in accordance with an individualized plan for each child.

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1 Child Welfare League of America Standards for Foster Family Care Service, Child Welfare League of America, New York, 1959, p. 5.

to foster normal maturation
to correct or modify the effect of previous unsatisfactory experiences
to ameliorate social and emotional problems interfering with the child's personality development and functioning."[2]

Institutional care is generally appropriate for those children over age six who cannot at the time make use of the opportunities that family living offers and who have difficulties in relating to adults or other children.

IV Data to be Collected

A. Child Physical and Social Characteristics, Child Questionnaire

sex

siblings

present age

race

place of residence

birth status

marital status of parents

source of referral

child's last contact with parents

type of last parental contact

present location of other siblings

Casework judgements about the following characteristics:

- acceptance of adult authority
- normal family ties with parents
- can form peer relationships
- behavior acceptable within community norms
- can use community schools either regular or special

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2 Child Welfare League of America Standards for Services of Child Welfare Institutions, Child Welfare League of America, New York, 1964.

Child Placement Characteristics

age when first admitted for placement

wardship status

major reason for needing care

time spent in current placement

number of prior placements

reason for transfer to other type of placement

time spent in all placements

does the agency have a plan for discharge, if so when

B. The Agency Questionnaire

stated admissions criteria

licensed capacity of each type of placement

reasons for discharge

budgeted staff positions in each department

number of staff vacancies

C. Community

Birth rates, illegitimacy rates, and rates of court commitments for dependency and neglect for the past 10 years.

V. Method of Collection

A. Sample

A randon sample of at least 200 of the children in each type of placement as listed by the supervising agency regardless if said agency is legally responsible.

B. Schedule

Data will be collected by case schedules administered by the worker responsible for each case. Data collection will be supervised by the Rhode Island Council of Community Services, Inc. staff.

C. Case Record Review

A judgemental sub-sample of cases will be selected in each type of placement and their records will be read by an acknowledged non-partisan casework authority on child care in order to determine if the present placement of the child is the most desirable. This will be used to check the validity of the evaluations based on the schedule data for the entire random sample. The sub-sample will number 100 cases.

D. Committee Structure

A committee of at least five lay people who are knowledgeable about health and welfare problems will be selected. Rhode Island Council of Community Services, Inc. planning staff will be provided.

E. Sequence and Timing

1. Study plan reviewed by Family and Children's Division Steering Committee - May 1967.
2. Study plan approved by the Rhode Island Council of Community Services, Inc. Board of Directors - June 1967.
3. Study plan approved and funded by the R.I. Department of Social Welfare - September 1967.
4. Committee organized - February 1968.
5. Questionnaire completed and tested - January 1968.
6. Data collected - February and March 1968.
7. Consultant reviews sample of case records - April 1968.
8. Committee reviews tabulated material - May 1968.
9. Recommendations and interpretations prepared by outside consultant and committee - May 1968.

10. Draft of report presented to Family and Children's Division Steering Committee and R.I. Department of Social Welfare - June 1968.

11. Final report presented to the Rhode Island Council of Community Services, Inc. Board of Directors - June 1968.

CHILD PLACEMENT SURVEY PROPOSAL

Budget

Design

Construction of data collection, 2 weeks planning director at $5 an hour	$350.00
One week senior research at $6 an hour	225.00
One week clerical at $1.75 an hour	70.00

Pre-Testing

One week planning director at $5 per hour	$175.00

Data Collection

One week senior research at $6 an hour	225.00
Two week planning director supervising case schedules at $5 an hour	350.00
One week clerical editing	70.00
One week general clerical	70.00

Case Reader

(read 100 cases at 1 hour per case)	
3 weeks review time at $5 an hour	525.00
21 day maintenance at $18 per day	378.00
local travel 100 miles at 10¢ per mile	10.00
travel to R.I.	250.00

Data Analysis and Report

Key punching	75.00
Machine tabulation	500.00
One month planning director at $5 an hour	700.00
One week senior research at $6 an hour	225.00
One week junior research at $3 an hour	105.00
One month secretarial at $1.75 an hour	280.00
100 report - 50 pages at 2¢ a page	100.00
Postage	10.00
Sub-Total (except case reader)	$3,530.00

Overhead

fringe benefits - 8 percent of salaries (2845 x .08)	227.00
Use of administrative staff, office equipment, etc. at 15 percent of sub-total	529.00
Total	$5,449.00